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FILED
Apr 27 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000000323 (4)**

1. Corporation Name

FCCA FOUNDATION FOR THE CARIBBEAN, INC.



Principal Place of Business
**2701 PONCE DE LEON BLVD
SUITE 203
CORAL GABLES FL 33134**

Mailing Address
**2701 PONCE DE LEON BLVD
SUITE 203
CORAL GABLES FL 33134**

3. Date Incorporated or Qualified

01/24/1995

4. FEI Number

65-0378064

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MICHELE M. PAIGE
2701 PONCE DE LEON BLVD.
SUITE 203
CORAL GABLES FL 33134**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **ARISON, MICKY**
STREET ADDRESS **3655 NW 87 AVE**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **PTD** ☐ DELETE
NAME **SASSO, RICHARD E**
STREET ADDRESS **5200 BLUE LAGOON DR**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **VSD** ☐ DELETE
NAME **PAIGE, MICHELE M**
STREET ADDRESS **2701 PONCE DE LEON BLVD SUITE 203**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **D** ☐ DELETE
NAME **KATSOUFIS, PARIS**
STREET ADDRESS **901 S AMERICA WAY**
CITY-ST-ZIP **MIAMI FL 33132**

TITLE **D** ☐ DELETE
NAME **NIELSON, STEPHEN A**
STREET ADDRESS **1800 ELLER DR.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33316**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Michele M. Paige

4/20/98

305) 446-7297

CR2E037 (10/97)